



**BlueCross BlueShield  
of Vermont**

*Independent Licensees of the Blue Cross and Blue Shield Association.*



## Corporate Medical Policy

### Total Parenteral Nutrition (TPN) and Enteral Nutrition (EN) in the Home (Infusion Therapy)

**File name:** Total Parenteral Nutrition, and Enteral Nutrition

**Origination:** 10/2004

**Last Review:** 7/08

**Next Review:** 7//09

**Effective Date:** 9/11/08

#### Description

##### Cross Reference

BCBSVT Home Infusion medical policy

BCBSVT Durable Medical Equipment medical policy

Total parenteral nutrition (TPN) a type of home infusion therapy, also known as parenteral hyperalimentation, is used for patients with medical conditions that impair gastrointestinal absorption to a degree incompatible with life. It is also used for variable periods of time to bolster the nutritional status of severely malnourished patients with medical or surgical conditions. TPN involves percutaneous transvenous implantation of a central venous catheter into the vena cava or right atrium. A nutritionally adequate hypertonic solution consisting of glucose (sugar), amino acids (protein), electrolytes (sodium, potassium), vitamins and minerals, and sometimes fats is administered daily. An infusion pump is generally used to assure a steady flow of the solution either on a continuous (24-hour) or intermittent schedule. If intermittent, a heparin lock device and diluted heparin are used to prevent clotting inside the catheter.

Enteral nutrition (EN) is used for patients with a functioning intestinal tract, but with disorders of the pharynx, esophagus, or stomach that prevent nutrients from reaching the absorbing surfaces in the small intestine. The patient is at risk of severe malnutrition. EN involves administering non-sterile liquids directly into the gastrointestinal tract through nasogastric, gastrostomy, or jejunostomy tubes. An infusion pump may be used to assist the flow of liquids. Feedings may be either intermittent or continuous (infused 24 hours a day).

#### Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract.

Benefits may be provided for TPN related services such as nursing services, cost of supplies, replacement of central venous catheters and gastrostomy or jejunostomy feeding tubes when prior approval if required has been obtained from the Plan.

## Policy Guidelines

In general, a daily caloric intake of 2000–2200 calories is sufficient to maintain body weight. If 750 calories per day or less are being administered by TPN or EN, they are considered supplemental and benefits should be denied as **not medically necessary**.

Nutrients and their manner of administration for both TPN and EN must be specifically ordered by a physician and be preapproved on an individual consideration basis.

Approved TPN or EN services (those that require a physician's prescription) may include, but are not limited to, the following:

- cost of nutrients and solutions;
- cost of rental or purchase of an infusion pump and heparin lock;
- supplies and equipment necessary for the proper functioning and effective use of a TPN or EN system (e.g., catheters, dressings, IV stand, needles, filters, extension tubing, and concentrated nutrients);
- home visits by a physician;
- home visits by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) under the order and supervision of a physician, which meet guidelines for home care benefits. Skilled nursing services may include injection of drugs (IV or IM) and drawing of blood.

## When service or procedure is covered

We provide benefits for TPN/EN home infusion therapy only if:

- your physician prescribes a home infusion therapy regimen;
- you use services from a Network home infusion therapy Provider; and
- you get prior approval if required

**Total Parenteral Nutrition (TPN)** is **considered medically necessary** by the Plan for conditions resulting in impaired intestinal absorption, including such conditions, but not limited to:

- Crohn's disease;
- Obstructing stricture or neoplasm of the mouth, esophagus, stomach or intestine;
- Loss of the swallowing mechanism due to a central nervous system disorder, where the risk of aspiration is high;
- Short bowel syndrome secondary to massive small bowel resection;
- Malabsorption due to enterocolic, enterovesical, or enterocutaneous fistulas (TPN being temporary until fistula is repaired)
- Motility disorder (pseudo-obstruction);
- Newborn infants with catastrophic gastrointestinal anomalies such as tracheoesophageal fistula, gastroschisis, omphalocele, or massive intestinal atresia;
- Infants and young children who fail to thrive due to systemic disease or secondarily to intestinal insufficiency associated with short bowel syndrome, malabsorption, or chronic idiopathic diarrhea;
- Patients with prolonged paralytic ileus following major surgery or multiple injuries
- Malabsorption due to Whipple's disease
- Malabsorption due to chronic infectious enteritis
- Radiation enteritis
- Chronic pancreatitis
- Severe acute pancreatitis

- Pancreatic pseudocysts
- Post stem cell transplant patients and specifically those with graft vs. host disease
- Hyperemesis gravidarum

The following criteria must be met prior to implementation of TPN:

1. the patient must be in a stage of wasting as indicative of the following:
  - weight is significantly less than normal body weight for a patient's height and age in comparison with pre-illness weight; or
  - serum albumin is less than 2.5 gm; or
  - blood urea nitrogen (BUN) is below 10 mg (but this is not a good marker in patients receiving dialysis due to protein catabolism and dehydration); or
  - phosphorus level is less than 2.5 mg (normal phosphorus is 3–4.5 mg); **and**
2. the patient can receive no more than 30% of his/her caloric needs orally

The Plan will cover medically necessary intradialytic parenteral nutrition (IDPN) as an alternative to a regularly scheduled regimen of TPN only in those patients who would be considered candidates for TPN (see above criteria).

**Enteral nutrition (EN)** is **considered medically necessary** by the Plan under the following conditions:

- an anatomical inability to swallow exists, due to, for example, head and neck cancer or an obstructing tumor or stricture of the esophagus or stomach; or
- central nervous system disease leading to sufficient interference with the neuromuscular coordination of chewing and swallowing that a risk of aspiration exists.

### **When service or procedure may not be covered**

- 750 calories per day or less are being administered by TPN or EN;
- Nutrients and their manner of administration for both TPN and EN is not specifically ordered by a physician;
- to increase protein or caloric intake in addition to the patient's daily diet;
- in patients with a stable nutritional status, in whom only short-term parenteral nutrition might be required, i.e., for less than 2 weeks;
- for routine pre- and/or postoperative care;
- for over-the-counter enteral nutrition, such as blenderized baby food or regular shelf food used with an enteral system;
- the patient or an alternate caregiver can be trained to do so;
- safety of administration in the home setting has not been established;
- when prior approval is needed and has not been obtained;
- when the medical necessity criteria above has not been met

### **Benefit Application**

#### **BlueCard/National Account Issues**

Plans may wish to establish global allowances for TPN services to include nursing services, cost of supplies, clinical pharmacy service, supply delivery, and administrative overhead. Prior authorization is recommended.

Benefits may be provided for placement of central venous catheters and gastrostomy or jejunostomy feeding tubes when policy guidelines have been met for TPN or EN.

The total cost of renting equipment should not exceed the purchase cost of the equipment.

Benefits are usually not provided for nutritional substances when used:

- to increase protein or caloric intake in addition to the patient's daily diet;
- in patients with a stable nutritional status, in whom only short-term parenteral nutrition might be required, i.e., for less than 2 weeks;
- for routine pre- and/or postoperative care;
- for over-the-counter enteral nutrition.

Blenderized baby food and regular shelf food used with an enteral system are not eligible for benefits.

### **Information Required (if plan approval required)**

The provider must complete a prior approval request and include information regarding diagnosis, current treatment plan, and duration of treatment. Additional information may be requested as needed to assess request.

### **Billing and Coding/Physician Documentation Information**

Services submitted on HCFA-1500 claim forms will use HCPCS Level II procedure codes. Revenue codes will be used for services submitted on UB-92 (HCFA-1450) claim form.

See Attachment I.

### **Eligible Providers**

Home Infusion Providers  
Home Health Agencies  
Durable Medical Equipment vendors

### **Place of Service**

Home (12)

### **Background and References**

Blue Cross Blue Shield Association (BCBSA) Medical Policy Reference Manual. Total Parenteral Nutrition, and Enteral Nutrition in the Home, Issue 1:2003, Blue Cross and Blue Shield of Massachusetts Home TPN policy dated 1/16/06, Wellmark Home Total Parenteral Nutrition Policy dated June 2005

6/07 Code description added. Reviewed by the CAC 9/07

### **Policy Implementation Update Information**

New Policy

3/1/05 billing codes updated

5/06 Minor language changes and additional medical necessity criteria added

6/07 Code description added. To CAC 9/07  
7/08 Annual review, new format and benefit application section added. No other changes.  
Reviewed by the CAC 9/08

**Approved by BCBSVT Medical Director**

Stephen E. Perkins, M.D. Date Approved:

**ATTACHMENT I**

**Total Parenteral Nutrition (TPN) and Enteral Nutrition (EN) Home Infusion Therapy**

**HCPCS codes**

B9000-B9002 Enteral nutrition infusion pump

B9004 – B9006 Parenteral nutrition infusion pump

B4034 – B4150 Enteral formulae and enteral medical supplies

B4150-B4162 Enteral formulae

B4164 – B5200 Parenteral solution

S9364-S9368 Home infusion therapy, total parenteral nutrition

S9340-S9343 Home therapy, enteral nutrition